FEC

STATEMENT OF

FORM 1	ORGANIZATION		
1 0111111 1	(See instructions)		Office use only
NAME OF COMMITTEE (in f	ull) (Check if name Example: If typ over the lines	pying, type 12FE4M5	
BROWN-FORM	IAN CORPORATION NON-PARTISAN COMMITTI	EE FOR RESPONSIBLE (GOVERN-
<u> </u>		<u> </u>	
ADDRESS (number and s	treet) 850 DIXIE HIGHWAY		
(Check if address is changed)		111111111	11111111
	LOUISVILLE	KY KY	40210
	CITY▲	STATE▲	ZIP CODE ▲
COMMITTEE'S E-MAII	ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	llisker@hdafec.com		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
(Check if address	1		
is changed)			
2. DATE 0,7	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT	TION NUMBER C C00059733		
4. IS THIS STATEM	ENT X NEW (N) OR AME	ENDED (A)	
I certify that I have examin	ned this Statement and to the best of my knowledge and belief it is	s true, correct and complete	
Type or Print Name of 1	reasurer Lisa Lisker		
Signature of Treasurer	Electronically Filed by Lisa Lisker	Date 0 7	30 / 2009
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person s ANY CHANGE IN INFORMATION SHOULD BE		
Office Use Only	For furthe Federal El	er information contact: lection Commission 800-424-9530	FEC FORM 1 (Revised 02/2009)